

**SCHEDULE 1:****Statement of Income and Expenditures**

	Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Actual Results Prior Period:	Approved Budget Period Just Ended:	Actual Results	Deviation from Budget	Deviation as Percent	Proposed Budget Current Year:	Change from Prior Period
1 Enter the start date of each Period:	___/___/20__	___/___/20__		Column C minus Column B	Column D divided by Column B and multiplied by 100	___/___/20__	Column F minus Column C
2 Enter the end date of each Period:	___/___/20__	___/___/20__				___/___/20__	

## Income Received:

3	Retirement and Disability Benefits						
4	Annuities, Structured Settlements and Trust Income						
5	Wages and Earned Income						
6	Investment and Business Income						
7	Other Income (Attach Schedule)						
8	Total Income (add lines 3 through 7)						

## Expenditures Paid for Protected Person:

9	Housing, Food and Care						
10	Medical Costs						
11	Taxes						
12	Dignity Funds						
13	Debt service on Liabilities						
14	Discretionary Expenditures						
15	Other for Protected Person (Attach Schedule)						
16	Total for Protected Person (add lines 9 through 15)						

## Expenditures Paid for Administration:

17	Fiduciary Fees & Costs						
18	Fiduciary's Attorney Fees & Costs						
19	Subject Person's Attorney Fees & Costs						
20	Other Professional Fees (excluding Medical)						
21	Other Administration (Attach Schedule):						
22	Total Administration (add lines 17 through 21)						

23	Total Expenditures (add lines 16 and 22)						
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24	Total Surplus/(Shortfall) (line 8 minus line 23)						
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